

APPENDIX G – Table 1
DISTRIBUTION OF TOTAL SERVICES, PAYMENTS, AND WORK RVUs
IN PRIVATE NON-HMOs and HMOs BY SERVICE CATEGORY – 1998

BETOS Category ¹	NON-HMOs			HMOs		
	Percent of Total Services	Percent of Total Payments	Percent of Total Work RVUs	Percent of Total Services	Percent of Total Payments	Percent of Total Work RVUs
Total E&M	37.7%	38.2%	48.8%	41.7%	37.3%	46.6%
Office Visits - New	3.0	3.7	5.5	2.8	2.8	4.1
Office Visits - Established	22.9	17.0	21.1	22.0	13.7	16.1
Hospital Visit - Initial	0.3	0.6	0.8	0.5	0.8	1.0
Hospital Visit - Subsequent	1.2	1.4	1.7	1.8	1.7	2.2
Hospital Visit - Critical Care	0.2	0.6	0.8	0.4	1.4	1.7
Emergency Room Visit	1.3	2.1	2.4	2.9	3.8	4.2
Home Visit	0.0	0.1	0.1	0.1	0.1	0.1
Nursing Home Visit	0.0	0.0	0.1	0.1	0.0	0.1
Specialist - Pathology	1.4	1.6	1.2	1.4	1.1	1.0
Specialist - Psychiatry	3.5	5.3	7.8	3.2	3.8	5.6
Specialist - Ophthalmology	0.9	0.8	1.0	1.0	0.6	0.8
Specialist - Other	0.9	0.9	0.9	1.0	0.9	0.8
Consultations	2.1	3.9	5.4	4.6	6.6	9.1
Total Procedures	21.5	36.1	32.0	19.6	40.1	37.9
Anesthesia	1.2	3.4	0.0	0.4	2.0	0.0
Major Procedure - Breast	0.0	0.4	0.4	0.0	0.4	0.4
Major Procedure - Colectomy	0.0	0.1	0.2	0.0	0.2	0.2
Major Procedure – Cholecystectomy	0.0	0.0	0.0	0.0	0.1	0.1
Major Procedure - TURP	0.0	0.0	0.0	0.0	0.0	0.0
Major Procedure - Hysterectomy	0.0	0.6	0.6	0.1	0.7	0.9
Major Procedure – Explor/Decompr/ExcisDisc	0.0	0.6	0.5	0.1	0.8	0.8
Major Procedure - Other and Major Maternal Procedures	0.4	5.9	6.1	0.8	9.0	9.5
Major Procedure, Cardiovascular – CABG	0.0	0.4	0.4	0.0	0.2	0.2
Major Procedure, Cardiovascular – Aneurysm Repair	0.0	0.0	0.0	0.0	0.0	0.0
Major Procedure, Cardiovascular – Thromboendarterectomy	0.0	0.0	0.0	0.0	0.1	0.1
Major Procedure, Cardiovascular - Coronary Angioplasty (PTCA)	0.0	0.2	0.2	0.0	0.2	0.2
Major Procedure, Cardiovascular - Pacemaker Insertion	0.0	0.0	0.0	0.0	0.0	0.0
Major Procedure, Cardiovascular - Other	0.1	1.1	1.0	0.2	1.4	1.3
Major Procedure, Orthopedic - Hip Fracture Repair	0.0	0.0	0.0	0.0	0.0	0.0
Major Procedure, Orthopedic - Hip Replacement	0.0	0.2	0.1	0.0	0.2	0.2

Major Procedure, Orthopedic – Knee Replacement	0.0	0.2	0.2	0.0	0.2	0.2
Major Procedure, Orthopedic – Other	0.1	1.1	1.2	0.2	1.6	1.8
Eye Procedures - Corneal Transplant	0.0	0.1	0.0	0.0	0.0	0.0
Eye Procedures - Cataract Removal/Lens Insertion	0.0	0.3	0.3	0.0	0.3	0.3
Eye Procedures - Retinal Detachment	0.0	0.1	0.1	0.0	0.1	0.1
Eye Procedures - Treatment of Retinal Lesions	0.0	0.2	0.3	0.0	0.2	0.2
Eye – Other	0.0	0.3	0.3	0.1	0.4	0.3
Ambulatory Procedures – Skin	0.7	1.2	1.2	0.8	1.2	1.2
Ambulatory Procedures – Musculoskeletal	0.1	0.9	0.9	0.3	1.4	1.4
Ambulatory Procedures - Inginal Hernia Repair	0.0	0.2	0.2	0.0	0.3	0.3
Ambulatory Procedures – Lithotripsy	0.0	0.1	0.1	0.0	0.3	0.2
Ambulatory Procedures - Other	0.4	2.0	1.7	0.8	3.1	2.7
Minor Procedures – Skin	1.1	1.3	1.4	1.2	1.3	1.4
Minor Procedures, Musculoskeletal	0.6	0.9	0.9	0.8	1.0	1.0
Minor Procedures - Other (Medicare Fee Schedule)	14.2	6.8	7.8	10.0	4.1	4.5
Minor Procedures - Other (Non-Medicare Fee Schedule)	0.8	0.5	0.5	1.4	0.5	0.6
Oncology – Radiation Therapy	0.3	0.9	0.7	0.5	1.0	0.9
Oncology – Other	0.2	0.2	0.2	0.2	0.2	0.2
Endoscopy – Arthroscopy	0.1	1.0	0.8	0.1	1.3	1.2
Endoscopy – Upper Gastrointestinal	0.1	0.6	0.4	0.2	0.9	0.6
Endoscopy – Sigmoidoscopy	0.1	0.2	0.1	0.2	0.2	0.2
Endoscopy – Colonoscopy	0.2	1.2	0.9	0.3	1.6	1.2
Endoscopy – Cystoscopy	0.1	0.4	0.3	0.1	0.5	0.4
Endoscopy – Bronchoscopy	0.0	0.1	0.0	0.0	0.1	0.1
Endoscopy – Lararoscopic Cholecystectomy	0.0	0.5	0.5	0.1	0.6	0.7
Endoscopy – Laryngoscopy	0.0	0.1	0.1	0.1	0.2	0.1
Endoscopy – Other	0.2	1.4	1.2	0.5	2.0	2.1
Dialysis Services (Medicare Fee Schedule)	0.0	0.1	0.0	0.1	0.2	0.1
Dialysis Services (Non-Medicare Fee Schedule)	0.0	0.1	0.1	0.1	0.2	0.4
Total Imaging	8.5	12.1	6.2	10.0	11.1	5.7
Standard Imaging - Chest	1.2	0.5	0.3	1.5	0.4	0.3
Standard Imaging – Musculoskeletal	2.3	1.3	0.6	2.6	1.1	0.5
Standard Imaging - Breast	1.0	0.9	0.9	0.7	0.7	0.6
Standard Imaging - Contrast Gastrointestinal	0.1	0.2	0.1	0.1	0.1	0.1
Standard Imaging - Nuclear Medicine	0.4	1.1	0.6	0.6	1.3	0.7
Standard Imaging – Other	0.5	0.4	0.2	0.6	0.3	0.2
Advanced Imaging - CAT: Head	0.1	0.3	0.2	0.2	0.3	0.2
Advanced Imaging - CAT: Other	0.5	1.2	0.7	0.4	1.0	0.5
Advanced Imaging - MRI: Brain	0.1	0.8	0.3	0.1	0.7	0.3
Advanced Imaging - MRI: Other	0.3	1.8	0.5	0.3	1.4	0.5
Echography – Eye	0.0	0.0	0.0	0.0	0.0	0.0

Echography - Abdomen/Pelvis	1.0	1.7	1.0	1.1	1.5	0.9
Echography – Heart	0.5	1.1	0.4	0.9	1.5	0.5
Echography - Carotid Arteries	0.0	0.1	0.0	0.0	0.1	0.0
Echography - Prostate, Transrectal	0.0	0.0	0.0	0.0	0.0	0.0
Echography – Other	0.2	0.4	0.2	0.2	0.3	0.2
Imaging/Procedure – Heart, including Cardiac Catheterization	0.1	0.2	0.1	0.1	0.2	0.1
Imaging/Procedure – Other	0.1	0.2	0.1	0.1	0.2	0.2
Total Tests	28.6	9.5	9.6	22.8	6.3	5.7
Lab Tests – Routine Venipuncture (Non-Medicare Fee Schedule)	1.2	0.1	0.1	1.6	0.1	0.1
Lab Tests - Automated General Profiles	0.1	0.1	0.1	0.0	0.0	0.0
Lab Tests – Urinalysis	1.9	0.2	0.2	1.7	0.1	0.1
Lab Tests - Blood Counts	2.7	0.5	0.7	1.8	0.2	0.4
Lab Tests – Glucose	0.4	0.1	0.1	0.3	0.1	0.0
Lab Tests - Bacterial Cultures	1.5	0.4	0.4	1.1	0.2	0.2
Lab Tests - Other (Medicare Fee Schedule)	0.9	0.3	0.2	1.2	0.2	0.2
Lab Test, Other (Non-Medicare Fee Schedule)	16.6	4.9	6.2	10.2	1.9	2.7
Other Tests - Electrocardiograms	1.5	0.7	0.3	2.2	0.8	0.4
Other Tests - Cardiovascular Stress Tests	0.3	0.5	0.2	0.4	0.6	0.3
Other Tests - EKG Monitoring	0.1	0.2	0.1	0.1	0.2	0.1
Other Tests – Other	1.4	1.5	1.0	2.2	2.0	1.2
Total Childhood Immunizations	1.5	0.7	0.8	3.4	1.0	1.2
Total Exceptions/Unclassified	0.7	0.8	0.6	0.5	0.6	0.1
Medicare Fee Schedule	0.7	0.8	0.6	0.4	0.5	0.1
Other - Non-Medicare Fee Schedule	0.0	0.0	0.0	0.0	0.1	0.1
Undefined Codes	0.0	0.0	0.0	0.0	0.0	0.0
Total Other	1.6	2.6	2.0	2.2	3.5	2.7
Ambulance	0.1	0.3	0.3	0.3	0.5	0.5
Chiropractic	0.2	0.1	0.1	0.0	0.0	0.0
Enteral and Parenteral	0.0	0.1	.	0.0	0.1	.
Chemotherapy	0.1	0.8	0.7	0.2	1.1	1.0
Other Drugs	0.8	1.1	0.8	1.2	1.7	1.1
Vision, Hearing and Speech Services	0.0	0.1	0.1	0.0	0.1	0.1
Influenza Immunization	0.3	0.1	0.0	0.4	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

¹Berenson-Eggers Type of Service (BETOS) CPT-4/HCPGS procedure code system, the Health Care Financing Administration.

APPENDIX G - Table 2
DISTRIBUTION OF TOTAL SERVICES, PAYMENTS, AND WORK RVUs
IN MEDICARE NON-HMO and HMOs BY SERVICE CATEGORY - 1998

BETOS Category ¹	Medicare NON-HMO			Medicare HMOs		
	Percent of Total Services	Percent of Total Payments	Percent of Total Work RVUs	Percent of Total Services	Percent of Total Payments	Percent of Total Work RVUs
Total E&M	36.6%	40.8%	49.1%	37.7%	28.7%	41.9%
Office Visits - New	1.0	1.4	1.9	1.3	1.1	1.9
Office Visits - Established	17.2	13.9	16.3	18.1	9.3	13.1
Hospital Visit - Initial	0.8	1.9	2.5	0.8	1.2	1.9
Hospital Visit - Subsequent	5.8	7.1	7.9	5.2	3.8	5.5
Hospital Visit - Critical Care	0.4	1.4	1.8	0.6	1.3	2.0
Emergency Room Visit	1.3	2.0	2.8	2.0	2.6	3.6
Home Visit	0.1	0.1	0.2	0.5	0.4	0.9
Nursing Home Visit	2.2	2.1	2.8	0.7	0.5	0.7
Specialist - Pathology	1.2	1.5	1.1	1.5	1.2	1.1
Specialist - Psychiatry	1.1	1.1	2.2	0.2	0.1	0.2
Specialist - Ophthalmology	2.2	2.1	2.3	1.3	0.8	0.9
Specialist - Other	0.2	0.2	0.2	0.6	0.4	0.4
Consultations	2.9	5.8	7.0	5.1	5.9	9.6
Total Procedures	11.9	30.2	29.0	15.7	43.0	37.7
Anesthesia	0.9	2.7	0.0	0.3	0.7	0.0
Major Procedure - Breast	0.0	0.1	0.2	0.0	0.2	0.3
Major Procedure - Colectomy	0.0	0.4	0.5	0.0	0.6	0.6
Major Procedure – Cholecystectomy	0.0	0.1	0.1	0.0	0.2	0.2
Major Procedure - TURP	0.0	0.2	0.2	0.0	0.4	0.3
Major Procedure - Hysterectomy	0.0	0.1	0.1	0.0	0.2	0.3
Major Procedure – Explor/Decompr/ExcisDisc	0.0	0.3	0.3	0.1	0.8	0.7
Major Procedure - Other and Major Maternal Procedures	0.3	1.7	2.2	0.5	3.8	3.8
Major Procedure, Cardiovascular – CABG	0.0	1.0	1.1	0.1	1.1	1.0
Major Procedure, Cardiovascular – Aneurysm Repair	0.0	0.1	0.2	0.0	0.3	0.4
Major Procedure, Cardiovascular – Thromboendarterectomy	0.0	0.3	0.4	0.0	0.5	0.8
Major Procedure, Cardiovascular - Coronary Angioplasty (PTCA)	0.0	0.6	0.5	0.1	1.2	0.5
Major Procedure, Cardiovascular - Pacemaker Insertion	0.0	0.2	0.2	0.0	0.4	0.2
Major Procedure, Cardiovascular – Other	0.5	2.6	2.9	0.7	5.2	3.9
Major Procedure, Orthopedic - Hip Fracture Repair	0.0	0.5	0.5	0.0	0.6	0.4
Major Procedure, Orthopedic - Hip Replacement	0.0	0.4	0.4	0.0	1.0	0.7
Major Procedure, Orthopedic – Knee Replacement	0.0	0.6	0.6	0.1	1.8	1.2
Major Procedure, Orthopedic – Other	0.1	0.8	0.9	0.1	1.3	1.4

Eye Procedures - Corneal Transplant	0.0	0.0	0.0	0.0	0.0	0.0
Eye Procedures – Cataract Removal/Lens Insertion	0.2	2.2	1.9	0.2	2.3	2.4
Eye Procedures - Retinal Detachment	0.0	0.1	0.1	0.0	0.1	0.1
Eye Procedures – Treatment of Retinal Lesions	0.0	0.6	0.6	0.0	0.4	0.4
Eye - Other	0.1	0.9	0.9	0.1	0.6	0.7
Ambulatory Procedures - Skin	1.0	1.4	1.4	0.7	1.1	1.1
Ambulatory Procedures – Musculoskeletal	0.1	0.4	0.4	0.1	0.6	0.6
Ambulatory Procedures - Inguinal Hernia Repair	0.0	0.1	0.1	0.0	0.2	0.3
Ambulatory Procedures – Lithotripsy	0.0	0.0	0.0	0.0	0.2	0.1
Ambulatory Procedures - Other	0.3	1.0	1.0	0.5	1.8	1.5
Minor Procedures – Skin	2.0	1.8	2.0	1.0	0.9	1.0
Minor Procedures – Musculoskeletal	0.6	0.6	0.7	0.6	0.5	0.6
Minor Procedures - Other (Medicare Fee Schedule)	3.0	1.7	1.9	5.2	2.5	2.5
Minor Procedures - Other (Non- Medicare Fee Schedule)	0.2	0.0	0.1	0.5	0.1	0.1
Oncology - Radiation Therapy	0.9	2.0	1.8	1.8	3.3	2.8
Oncology – Other	0.3	0.3	0.3	0.8	0.7	0.5
Endoscopy – Arthroscopy	0.0	0.2	0.2	0.1	0.4	0.4
Endoscopy - Upper Gastrointestinal	0.2	0.7	0.7	0.3	1.5	0.9
Endoscopy – Sigmoidoscopy	0.1	0.1	0.1	0.2	0.3	0.1
Endoscopy – Colonoscopy	0.2	1.4	1.2	0.5	2.4	2.1
Endoscopy – Cystoscopy	0.1	0.5	0.5	0.3	0.9	0.8
Endoscopy – Bronchoscopy	0.0	0.1	0.1	0.0	0.4	0.2
Endoscopy – Lararoscopic Cholecystectomy	0.0	0.2	0.3	0.0	0.4	0.5
Endoscopy – Laryngoscopy	0.0	0.1	0.1	0.1	0.2	0.1
Endoscopy – Other	0.1	0.2	0.2	0.1	0.6	0.4
Dialysis Services (Medicare Fee Schedule)	0.3	0.4	0.3	0.2	0.4	0.2
Dialysis Services (Non-Medicare Fee Schedule)	0.1	0.5	0.7	0.1	0.3	0.5
Total Imaging	12.0	13.0	7.5	13.8	13.2	7.3
Standard Imaging - Chest	3.1	0.9	0.8	3.3	0.7	0.6
Standard Imaging – Musculoskeletal	2.2	1.2	0.5	2.1	0.8	0.4
Standard Imaging - Breast	0.7	0.7	0.5	0.6	0.5	0.4
Standard Imaging - Contrast Gastrointestinal	0.2	0.2	0.1	0.1	0.1	0.1
Standard Imaging - Nuclear Medicine	0.7	1.6	0.9	1.2	2.7	1.2
Standard Imaging - Other	0.9	0.4	0.3	0.6	0.2	0.2
Advanced Imaging - CAT: Head	0.4	0.5	0.4	0.4	0.4	0.4
Advanced Imaging - CAT: Other	0.7	1.6	1.1	0.8	1.3	0.9
Advanced Imaging - MRI: Brain	0.1	0.9	0.3	0.2	0.6	0.3
Advanced Imaging - MRI: Other	0.2	1.1	0.3	0.2	0.9	0.4
Echography - Eye	0.1	0.2	0.1	0.1	0.1	0.1
Echography - Abdomen/Pelvis	0.3	0.4	0.3	0.3	0.3	0.2
Echography - Heart	1.3	1.8	0.8	2.0	2.4	1.0
Echography - Carotid Arteries	0.2	0.4	0.2	0.3	0.6	0.2

Echography - Prostate, Transrectal	0.0	0.0	0.0	0.1	0.1	0.0
Echography - Other	0.3	0.3	0.2	0.3	0.4	0.2
Imaging/Procedure - Heart, including Cardiac Catheterization	0.3	0.2	0.0	0.6	0.5	0.3
Imaging/Procedure - Other	0.3	0.4	0.5	0.3	0.7	0.5
Total Tests	33.0	7.7	7.9	25.6	5.9	5.4
Lab Tests - Routine Venipuncture (Non-Medicare Fee Schedule)	5.2	0.3	0.3	0.6	0.1	0.0
Lab Tests - Automated General Profiles	0.0	0.0	0.0	0.1	0.0	0.1
Lab Tests - Urinalysis	1.7	0.1	0.2	1.6	0.1	0.1
Lab Tests - Blood Counts	2.6	0.5	0.6	2.3	0.2	0.4
Lab Tests - Glucose	0.6	0.0	0.1	0.5	0.0	0.1
Lab Tests - Bacterial Cultures	0.7	0.1	0.2	0.4	0.1	0.1
Lab Tests - Other (Medicare Fee Schedule)	0.2	0.2	0.1	0.4	0.1	0.1
Lab Test, Other (Non-Medicare Fee Schedule)	16.4	3.0	4.5	11.2	1.2	2.3
Other Tests - Electrocardiograms	3.7	1.4	0.8	5.3	1.4	0.7
Other Tests - Cardiovascular Stress Tests	0.4	0.5	0.3	0.7	0.8	0.4
Other Tests - EKG Monitoring	0.2	0.3	0.1	0.2	0.3	0.1
Other Tests - Other	1.4	1.2	0.7	2.2	0.3	0.1
Total Childhood Immunizations	0.0	0.0	0.0	0.1	0.0	0.0
Total Exceptions/Unclassified	0.8	0.1	0.1	0.5	0.8	0.1
Medicare Fee Schedule	0.0	0.0	0.0	0.5	0.7	0.1
Other - Non-Medicare Fee Schedule	0.8	0.1	0.1	0.0	0.0	0.0
Undefined Codes	5.6	8.2	6.5	0.0	0.0	0.0
Total Other	1.7	3.3	2.3	6.5	8.5	7.5
Ambulance	0.3	3.0	2.3	1.7	2.0	2.0
Chiropractic	1.3	1.8	1.6	0.0	0.0	0.0
Enteral and Parenteral	0.0	0.0	0.0	0.1	0.2	
Chemotherapy	2.3	0.2	0.3	0.6	3.0	2.8
Other Drugs	100.0	100.0	100.	1.8	2.9	2.1
Vision, Hearing and Speech Services	0.0	0.1	0.1	0.0	0.2	0.3
Influenza Immunization	0.3	0.1	0.0	2.2	0.1	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

¹Berenson-Eggers Type of Service (BETOS) CPT-4/HCPCS procedure code system, the Health Care Financing Administration.